Signature

Name (Print/Type)

Michael I. Angert

Based On PTO/SB/17 (10-07

	Effective on 10/01/2008				Complete if Known			
_	es pursuant to the Consolidated App		_	Application	Number	10/576,085		
200	FEE TRANSMITTAL FOR FY 2009			Filing Date		April 14, 2006		
٥				First Named Inventor		CHO, In Ha	CHO, In Haeng	
				Examiner Name		Steven K. KO		
TH OF	Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1792		
	TAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket No.		9988.316.0	9988.316.00	
METHOD OF PAYMENT (check all that apply)								
<u> </u>	Check Credit Card Money Order Other (please identify):							
, [
	Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP							
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION							
V								
FEI								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Output Output Description: Output								
	Application Type Fee (\$)	Small Entity Fee (\$)		ll Entity e (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Ī	Utility 330	165	540	270	220	110		
	Design 220 Plant 220	110 115		50 165	140 170	70 85		
	Plant 220 Reissue 330	115 165		165 270	650	325		
	Provisional 220	110	0	0	0	0		
	EXCESS CLAIM FEES		-	-	=	-	Small Entity	
	ee Description						Fee (\$) Fee (\$)	
	Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. 52 230 110 390 195 Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)							
- 1 -								
-								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
3 or HP = 0 x \$220 = 0								
HP = highest number of independent claims paid for, if greater than 3.								
	APPLICATION SIZE FEE	400 charte -f-	anar tha an-15	antion ciza fa	n dua ic \$270	(\$135 for ema	Il entity) for each	
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee(\$) Fee Paid (\$)								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): RCE 810.00								
								
<u>_</u>								
su	BMITTED BY							

Ound & folling (las, 164)

Registration No. (Attorney/Agent) 46,522 Telephone (202) 496-7500

Date February 3, 2010